

Agent Verification Agreement

(Please print or type.)

Agent / Broker name: _____

Contact name: _____

Address: _____
Street address City State ZIP Code

Phone: _____ Fax: _____

TYPE OF AGENCY (The customer should check all of the following service types that apply to the agent named in this agreement.)

Provide usage data

Provide access to electronic bulletin board.

** Customers that exercise Agency Agreements will be held fully accountable for their brokers' actions or inactions.*

** Energy managers will have "view access only."*

Account number(s): _____

TERM

Term does not commence until the first day of the month following a minimum of 30 days from receipt of written notice to Peoples Gas. Date received: _____

**** It is the customer's responsibility to notify Peoples Gas in writing if the term specified here changes.***

Customer (company) name: _____
(print or type)

Authorized customer signature: _____ Date: _____

Name of person signing: _____
(print or type) Title (print or type)

Address: _____
Street address City State ZIP Code

Phone: _____ Fax: _____

Send completed agreement to: **Peoples Gas**
Attn: Gas Transportation Services
Phone: 1-800-264-8026
gts@peoplesgasdelivery.com